

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ph</i>	<i>67814</i>	<i>10/4/55</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DMK</i>	<i>69665</i>	<i>10-13-55</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	8/27/62
2	9/10/62
3	12/12/62
4	7/24/63
5	8/13/63
6	8/25/64
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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